PART B - FEE(S) TRANSMITTAL

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indicated unless correcte maintenance fee notificat	d below or directed ot ions.	herwise in Block 1, by (and/or (b) indicating a sep		
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FOLEY HOAG, LLP PATENT GROUP, WORLD TRADE CENTER WEST 155 SEAPORT BLVD				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimal transmitted to the USFIO (\$71) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	2	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/616,214	07/14/2000		Frederick Morgan		CKB-001.01	5891	
TITLE OF INVENTION:	SYSTEMS AND MET	HODS FOR AUTHORIN	G LIGHTING SEQUEN	CES			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI			
nonprovisional	Wes NO	270£ \$140	0 \$0	\$0	жжо \$14	400 10/20/2006	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
SHECHTMAN, SEAN P		2125	700-090000	-			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list Wolf, Greenfield & (1) the names of up to 3 registered patent attorneys or agents OR, alternatively and the state of the state				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is slisted, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unle recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Comr	ified below, no assignee	data will appear on the p	atent. If an assign	se is identified below, the d	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Color Kinetics Incorporated Boston, MA							
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent) :	Individual 🗷 Co	aporation or other private gr	oup entity Government	
4a. The following fec(s) as	e submitted:	46		ase first reapply as	y previously paid issue fee	shown above)	
Issue Fee	annall autitu dianamet		☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
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Authorized Signature	All	Ty. h		Date Oct	ober /3 2006		
Typed or printed name		Teja, Jr.			o. 45,157		
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